

Spirit of the Buffalo

Inside this issue:

- ◆ News from the Spring General Business and Lodge Executive Committee meetings
- ◆ Information on upcoming Lodge events: Fall Ordeal, Fall Fellowship and Lodge Leadership Development Conference II
- ◆ Information for all Ordeal members: How to seal your membership in the Brotherhood
- ◆ Insightful musings from the Secretary and Editor



April 4, 2004, General Business Meeting and Lodge Executive Committee Minutes

◆ The proposed changes to the Lodge Rules were voted on and passed.

◆ Following the merger of SR-3A and SR-3B, the new Section asked Ma-Nu Lodge to host the 2005 Section Conclave. This proposal was unanimously voted down at the LEC.

◆ A new Lodge Flap will be designed in order to comply with National guidelines.

◆ A Fellowship weekend on February 26, 2005 has been added to next year's calendar of events.

◆ A proposed program to encourage unit service was approved by the Committee. The new recognition flaps, as well as those for camp service, will now be provided free of charge to all Arrowmen who earn them.

LLD 2

Attention Arrowmen! This summer we will be holding a second Lodge Leadership Development Conference. It will be held August 28, 2004 at Camp Kickapoo. There will be no cost. Registration will begin at 9:00 am with training beginning at 10:00 am. The training sessions will be intensive including Chapter Basics and Troop Representative Program. Lunch and an evening meal will be provided with various awards given out at the after the evening meal. Brotherhood ceremonies and rededications will also be held. An LEC meeting will take place during the afternoon. The Trading Post will also be open. We encourage all Arrowmen to attend.

Fall Ordeal

Fall Ordeal will be at Camp George Thomas September 17-19. As it gets closer to that time check the website, www.manu133.org, for more details.

The Spirit of the Buffalo is the official publication of Ma-Nu Lodge, Last Frontier Council 480. It is edited by Phill Melton, with advice from Bob Melton, and is printed thrice yearly at Impressions Printing. Comments and articles should be sent to phill-melton@outulsa.edu.

Fall Fellowship

Fall Fellowship will be at Slippery Falls Scout Ranch October 1-3. Check the website for more details as it approaches.

From the Secretary:

We are well on our way to achieving the Quality Lodge requirement of 30% Brotherhood conversion rate and our Lodge goal of 35%. As of May 7, 2004, we had a Brotherhood conversion rate of 15.5%. Encourage all eligible Ordeal members to seal their membership in the Brotherhood at each available opportunity. If you have yet to pay your dues, please do so as soon as possible. We must also show positive growth in membership to achieve Quality Lodge. Encourage the candidates in your troop to attend Fall Ordeal so they can become a part of our Brotherhood. If any Chapter Chief would like a copy of the most up to date Lodge Roster, please e-mail me at secretary@manu133.org.

Zach Murray
Lodge Secretary

Editors Notebook: Brotherhood Conversion

Why should I seal my membership in the Order?

It is said, "In the Ordeal, the Order of the Arrow accepts the new member. In the Brotherhood, the individual accepts the Lodge and the ideals of the Order." As an Ordeal member of the Lodge, service to the troop/crew is of utmost importance. Brotherhood membership in the Lodge can be attained after completing ten months as an Ordeal member, and gaining an understanding of the Lodge program. Advancement to Brotherhood membership is a personal decision, and we recommend that you look over the information on this page, and then refer to your Order of the Arrow Handbook for further detail.

Where and when can I seal my Brotherhood?

Brotherhood Enrichment Classes and Ceremonies will be held at Fall Ordeal, Fall Fellowship, LLDLC II, many district Camporees and Webelos Woods, as well as at other special times announced by the lodge. What are the requirements for Brotherhood Membership?

In order to be eligible for Brotherhood Membership, you must have been an active, dues-paying Ordeal member for at least ten months, and an active member of your home unit. In addition, you must write a let-

ter to Zach Murray, the Lodge Secretary, know the signs of membership in the Order (Obligation, Admonition, Song, Handclasp, and Sign of Ordeal Membership), and participate in a Brotherhood Enrichment class prior to the Brotherhood Ceremony.

What do I need to do before I write my letter?

To gain a better understanding of the Ordeal, a review of these questions is highly recommended: How did I provide service to my camp? What did I do well, and not so well? What did I learn about myself? What did I learn about others? What positive personal experience did I have during my Ordeal? What can I do to make sure others have similar, positive experiences? What did I learn from the ceremonies? How can I use what I learned to benefit my unit?

Once you have reviewed the above items, thought about what you have learned, done, and planned to do, write a letter to the Secretary.

What should I include in my letter to the Secretary?

Your letter to the Lodge Secretary should include the following: What does the Obligation mean to you? How have you been fulfilling this Obligation in your unit and in your daily life? How have you used your understanding of the Ordeal to aid your fulfillment of the Obligation? What are your specific plans for giving service within the Lodge program?

Ma~Nu Lodge 133

2004 Fall Fellowship

Registration Form



October 1-3, 2004

Slippery Falls Scout Ranch

Check-in Time: 6:30-9:30 pm

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ EMAIL: _____

UNIT: _____ DISTRICT: _____

CHAPTER: _____ AGE: YOUTH ADULT (21+)

OA HONOR: ORDEAL BROTHERHOOD VIGIL

I plan to seal my membership as a Brotherhood member
Brotherhood Sash: \$13.00 extra
(Available at event Trading Post)

OA FALL FELLOWSHIP

Member Fee: \$20.00

(Fee due no later than September 24, 2004)

PHONE RESERVATIONS ACCEPTED

Avoid those Late Fees – Please call the Last Frontier Council Customer Service Center at 840-1114 no later than Friday, September 24, 2004

\$7.00 Late Fee Required after Deadline and at Check-in

Make Check Payable to: Boy Scouts of America

Return Payment and Form to: Last Frontier Council
3031 NW 64th Street
Oklahoma City, OK 73116

For more information, visit us online at: www.manu133.org

Order of the Arrow

OA Fall Fellowship Registration

Personal Health and Safety Information

Name: _____ Date of Birth: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

HEALTH AND SAFETY CONSIDERATIONS – CHECK ALL THAT APPLY. GIVE COMPLETE DETAILS BELOW. PLEASE USE BACK OF PAGE IF NECESSARY.

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> Asthmatic Problems | <input type="checkbox"/> Diabetes/Hypoglycemia | <input type="checkbox"/> Acute Pain Management | <input type="checkbox"/> Climbing Restrictions | <input type="checkbox"/> Recent Injury |
| <input type="checkbox"/> Allergies (Anaphylaxis) | <input type="checkbox"/> Fracture (immobilized) | <input type="checkbox"/> Syncope/Seizure Disorder | <input type="checkbox"/> Dietary Restrictions | <input type="checkbox"/> Recent Illness |
| <input type="checkbox"/> Allergies (Moderate) | <input type="checkbox"/> Headaches (Severe) | <input type="checkbox"/> Specific Drug Allergies | <input type="checkbox"/> Sports Activity Restrictions | <input type="checkbox"/> Recent Surgery |
| <input type="checkbox"/> Altitude Problems/AMS | <input type="checkbox"/> Nausea/Vomiting | <input type="checkbox"/> Prescription Medication(s) | <input type="checkbox"/> Water Activity Restrictions | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cardiovascular Problems | <input type="checkbox"/> Open Wound Injury | <input type="checkbox"/> Backpacking/Hiking Restrictions | <input type="checkbox"/> Work Activity Restrictions | <input type="checkbox"/> Other: _____ |

1. List specific conditions, details and restrictions: _____

2. Prescription medication(s), diet and instructions: _____

3. Allergies to medicine, food, plant or animal toxins and severity of reaction: _____

4. Past illness or injury Requiring Treatment or Surgery: _____

5. Recent mild illnesses and injuries within the last month and any medications taken: _____

MEDICAL INSURANCE INFORMATION

Insurance: _____ Policy #: _____ Phone #: _____

Insurance Co. Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACTS

Emergency Contact #1: _____ Phone: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact #2: _____ Phone: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Physician: _____ Phone #: _____ Dentist: _____ Phone #: _____

Emergency Consent To Treat Minor

In the event of an emergency, I/we understand that every effort will be made to contact me/us regarding the situation. In the event that I/we cannot be reached, I/we the undersigned parent(s) or guardian(s) of _____, a minor, hereby give permission to the physician and/or dentist selected by the adult leader in charge, in whose custody said minor has been placed for the purposes of a Boy Scouts of America function, to secure proper diagnosis and treatment; including diagnostic, medical, dental, or surgical procedures; and for the securing of such comprehensive prehospital or hospital care, radiological, anesthesia, prescriptions or injections of medication; for my/our son, as may be deemed advisable by, and rendered under the general or special supervision of the treating physician and/or dentist, whether such diagnosis or treatment is rendered at the office of said physician and/or dentist, at said hospital or medical facility, or elsewhere as the circumstances may require.

It is understood by me/us that this consent is being given in advance of any specified diagnosis and/or treatment; medical or otherwise; and is being given to provide consent in the event that I/we cannot be reached in an emergency, to any and all such diagnostic, medical, dental or surgical procedures, which the treating physician and/or dentist, in the exercise of his best judgment, may deem advisable for said minor.

It is further understood by me/us that, by the standards of implied consent involving a minor in an emergency situation; medical personnel are required to administer appropriate emergency care for the treatment of said minor, and are hereby requested to do so, with or without specific parental consent.

Signature of Parent/Guardian: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Ma~Nu Lodge 133 2004 Fall Ordeal

Registration Form

September 17 - 19, 2004
Camp George Thomas

Check-in Time: 6:30-8:30 pm



FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ EMAIL: _____

UNIT: _____ DISTRICT: _____

CHAPTER: _____ AGE: YOUTH ADULT (21+)

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Brotherhood Sash: \$13.00 extra
(Available at event Trading Post)

OA FALL ORDEAL

Candidate Fee: \$30.00

Member Fee: \$10.00

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(Fee due no later than September 10, 2004)

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- | | | | | |
|--|---|--|---|---|
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| <input type="checkbox"/> Allergies (Anaphylaxis) | <input type="checkbox"/> Fracture (immobilized) | <input type="checkbox"/> Syncope/Seizure Disorder | <input type="checkbox"/> Dietary Restrictions | <input type="checkbox"/> Recent Illness |
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2. Prescription medication(s), diet and instructions: _____

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Address: _____ City: _____ State: _____ Zip: _____

Physician: _____ Phone #: _____ Dentist: _____ Phone #: _____

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It is understood by me/us that this consent is being given in advance of any specified diagnosis and/or treatment; medical or otherwise; and is being given to provide consent in the event that I/we cannot be reached in an emergency, to any and all such diagnostic, medical, dental or surgical procedures, which the treating physician and/or dentist, in the exercise of his best judgment, may deem advisable for said minor.

It is further understood by me/us that, by the standards of implied consent involving a minor in an emergency situation; medical personnel are required to administer appropriate emergency care for the treatment of said minor, and are hereby requested to do so, with or without specific parental consent.

Signature of Parent/Guardian: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____



2004 MaNu Lodge Leader Development Activity Registration Form

August 28, 2004 (9:00 - 5:00 pm)
Last Frontier Council Training Center (OKC)

Order of the Arrow Lodge Leader Development Registration

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ EMAIL: _____

UNIT: _____ AGE: YOUTH ADULT (21+)

DISTRICT: _____ CHAPTER: _____

OA HONOR: ORDEAL BROTHERHOOD VIGIL

LLDC FEE: \$ NO FEE

PLEASE RSVP BY SATURDAY, AUGUST 21, 2004

MEMBERS:

MEMBER FEE: NO FEE PLEASE RSVP BY AUGUST 21, 2004

BROTHERHOOD: N/A

ELANGOMAT: N/A

CANDIDATES:

CANDIDATE FEE: \$ N/A

CANDIDATES SHOULD NOT INCLUDE ANY MEMBER FEES !!!

Return Form to RSVP to: MaNu Lodge Secretary
1107 Barker Road
Clinton, OK 73601

-OR-

Email RSVP Information to: secretary@manu133.org

Order of the Arrow

Lodge Member Information Update

MaNu Lodge No. 133: Lodge Member Information Update Form

Please fill in the following information as completely as possible. If you haven't paid your dues yet this year you can send them along with this form to the Last Frontier Council Scout Office.

Thank you for your help!



DISTRICT: _____

UNIT: _____

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: (____) _____

EMAIL: _____

DATE OF BIRTH __/__/__

ORDEAL DATE __/__/__

BROTHERHOOD DATE __/__/__

VIGIL DATE __/__/__

Please note that Scouting policy prevents the release, distribution or sale of membership information to anyone. The information submitted here is used ONLY by the Lodge for their publications.

Make Check Payable to:

Boy Scouts of America

Return Form and Check to:

Last Frontier Council
3031 NW 64th Street
Oklahoma City, OK 73116